



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual

Section: APPENDIX

**Subject: Psychosocial Summary (SLTC143)
Instructions**

References: ARM 37.40.1420

- **PURPOSE** This is an assessment of a member's psychosocial status. The social worker on the Case Management Team (CMT) completes this form within three months of the member's initial enrollment in Home and Community Based Services (HCBS). The information gathered in the initial summary should be used to better meet the needs of the member. Goals and objectives and discharge potential should also be reflected in the Psychosocial Summary. An update to the Psychosocial Summary is required when there is a significant change in the member's circumstances, including when a member who is a minor becomes an adult. A new psychosocial summary form does not need to be completed annually.

Annual updates to the psychosocial summary should be included in the assessment summary section of the service plan.

DISTRIBUTION Only one copy of the Psychosocial Summary form is required. The CMT social worker signs and dates the form upon completion. The Psychosocial Summary form should be attached to the initial service plan. Psychosocial information does not need to be sent to the member for review.

INSTRUCTIONS

Name Enter name of the member.

Medicaid Number Enter the member's Medicaid ID number.

Presenting Problem Summarize the need for HCBS. The summary should contain a brief history of the events leading to the needs for HCBS, including health, social, psychological, economic, family, and any other factors pertaining to the need for HCBS.

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Personal History

Summarize the member's personal history. This should include information on childhood and family history, family dynamics, marital history, education and employment. This is not meant to be an in-depth study, but rather a general portrait of the member.

Psychosocial Summary

Assess the member's ability to cope with illness/disability and surroundings. Describe the member's understanding and acceptance of the illness/disability and any impacts this may have on them or family. This summary is further broken down into three areas:

1. Social Assessment - Describe how the member functions socially, (i.e., within the family and community). Does he/she enjoy the company of family or friends in the home or activities outside of the home? What type of outside activities does the member engage in? Does the member relate easily to family, friends, professionals, or is there difficulty in getting along with others? Is the member accepting of others and do others accept the member?
2. Emotional Assessment – Does the member display an abundance of emotions or no emotions at all? Describe the emotional state of the member. Which emotions appear dominant? Which emotions appear repressed? Does member appear to be emotionally stable or labile?
3. Mental Assessment – Summarize the mental status of the member. This should include any significant history of mental problems. Is the member adjusted to his/her life and comfortable with their life situation? Is his/her behavior appropriate and not causing conflict with others? Address the member's feelings of

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self-esteem and ability to cope with his/her life. Is the member grieving?

Current Living Situation

Describe where and how the member lives. Is he/she living alone by choice, in a relative's home by choice, in an NF setting, etc. Describe the environment he/she are currently living in. This category is broken down further into the following:

1. Financial Assessment – Describe the sources of income. Is the member's income adequate to cover expenses? Are any referrals appropriate, such as food stamps application, housing assistance, or other community resources? Is the member able to manage his/her own finances? Evaluate the need for POA, guardian, conservator, or payee.
2. Home – Describe the member's physical living environment. Is the living arrangement temporary or permanent? Are there any safety concerns? Are there any environmental modification needs? Is the home energy efficient, or should member seek assistance from LIEAP. Is the member willing to accept any needed changes? Are there any family or community resources available to assist with these needs?
3. Transportation – Describe the member's transportation needs and current means of transportation. Is the member dependent on others for transportation? Is the member able to arrange for transportation? Does the member have any special transportation needs? Are there family or community resources

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available to assist with transportation needs?

4. Medical Compliance – Describe the member's medical compliance. Is the member willing and/or able to manage medical directives from physician or other health care professionals? Is the member willing and/or able to manage procurement and administration of medicines, treatments or therapies? Is there a need for assistance with medical compliance? Is the member willing to accept assistance? Are there any family or community resources available to help?
5. Support Systems – Describe the member's support systems. Is there a primary caregiver? Is the primary caregiver willing and able to continue in this role? Are there any other family, friends, volunteers who provide support to the member? Does the member pay privately for any supportive services? Is there a need to seek out supportive services for the consumer? This section should include a description of the family's understanding and acceptance of the member's illness/disability.
6. Neglect/Abuse – Is there any evidence of neglect or abuse? This includes physical, emotional, mental or financial abuse or neglect. Evaluate the need to report neglect or abuse to the proper authorities.
7. Long-Term Planning – Has the member made any plans for the future? Consider the following areas: living arrangements (alone, with family, Nursing Facility, etc.),

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financial arrangements (will, burial plans, etc.), advance directives (living will, Durable Power Of Attorney (DPOA) etc.). Evaluate the member's need for long-term planning. Is the member willing to accept assistance with long-term planning? Are there any available family or community resources to assist with long-term planning?

Comments and Impressions

Briefly summarize all of the information gathered. Include any comments or impressions that have not been previously stated. Include goals and treatment plans to accomplish goals. Include the member's willingness to comply with the goals and treatment plan.

Signature and Date

The CMT social worker signs the Psychosocial Summary and dates it the day that it is written. The Department recognizes and accepts electronic signatures, provided the signature mechanism and protocol meet generally accepted industry standards.